Connecticut State Department of Education
School Health, Nutrition and Family Services
Child Nutrition Programs
450 Columbus Boulevard, Suite 504
Hartford, CT 06103-1841

For state use only	
Effective date:	
Agreement numbers:	
School programs	
Child care centers	
Adult day care centers	
Day care homes	
Summer food service	

Authorized Signatures Change Form

Read the *Instructions for Completing the Authorized Signatures Change Form* before completing this form. Scan and e-mail the completed form to CNPermanentAgreement@ct.gov. Include "Authorized Signatures Change Form" in the subject line of the e-mail.

This is to certify that on February 7, 2023, as shown in the minutes of the following action was taken to revise the authorized signers of the **ED-099 Agreement for Child Nutrition Programs**.

Colchester Board of Education

1. **Signature 1:** The person designated below is authorized to sign this agreement and to sign claims for reimbursement.

	Daniel P. Sullivan, III
Signature	*Printed name*
Superintendent of Schools	
Title (superintendent of schools, mayor, selectman, president, chairperson of the board, pastor, or commissioner)	*Date*
dsullivan@colchesterct.org	(860) 537-7208
E-mail	*Phone number*

2. **Signature 2:** In the absence or incapacity of the first designated individual, the second person designated below is authorized to sign claims for reimbursement.

	Rachel L. Linkkila
Signature	*Printed name*
Business Director	
Title (assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner)	*Date*
rlinkkila@colchesterct.org	(860) 537-7233
E-mail	*Phone number*

3. **Signature 3:** The signature below certifies the above action.

	Town Clerk
Signature	*Title (secretary of corporation, town clerk, secretary of the board)*

This form is available at https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Authorized_Signatures_Change_Form.pdf. *This institution is an equal opportunity provider.*